



**U.S. Department of Housing and Urban Development**  
**Northwest/Alaska Multifamily Housing Hub**  
**serving : Alaska, Idaho, Oregon and Washington**

September 13, 1999

**FIRM COMMITMENT CHECKLIST**  
**232 PURSUANT TO 223(f)**  
**PURCHASE/REFINANCE**

NAME OF PROJECT: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_

The Northwest/Alaska Multifamily Hub must give approval to FHA lenders wishing to submit Firm Commitment applications for projects in our jurisdiction. To be approved, please send a letter request, including a copy of your HUD-92000.1, Mortgagee Authorization form, to :

**Mr. Robert Stettner**  
**U.S. Department of HUD**  
**Northwest / Alaska Multifamily Housing Hub**  
**Seattle Federal Office Building**  
**909 First Avenue, Suite 190, OAH**  
**Seattle WA 98104-1000**  
**206-220-5200 Ext. 3247**

**OR**

**Ms. Nikki Hawk**  
**U.S. Department of HUD**  
**Oregon Multifamily Program Center**  
**400 Southwest Sixth Avenue**  
**Portland OR 97204-1632**

**(Information Phone number : 503-326-2788)**

|    |                                                                                                                                                                                                                                                                                                                                                             |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | The Northwest/Alaska Multifamily Hub must receive one copy of the below listed exhibits including a copy of this completed checklist. Please note that all the 232 applications must be sent to the Seattle Hub for processing.                                                                                                                             |
| B. | Under the PS, ENC or N/A column below, please indicate if the document was Previously Submitted (PS) and is not being resubmitted with a "P" next to the numbered item. If the document is being submitted and is Enclosed (ENC) with this checklist, please indicate with an "E". Indicate with N if any documents are not applicable for this submission. |

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                             |                                                                                                                                                                                                                                                                                                                                                                                     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | You must indicate under the "Date of Document" column the date of the "Previously Submitted" or "Enclosed" document.                                                                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                                                                                                                                                                                                                                                                                                     |
| D. | The application cannot be accepted without receipt of each required exhibit. Once all exhibits are received and determined acceptable, the application fee, the original application, and the required number of copies will be requested. When requested, please hand deliver the application fee to the Multifamily Housing Representative, or send directly to the Multifamily Production Branch, at the above Seattle address, using correspondence code OAHMP, via certified mail/return receipt. |                             |                                                                                                                                                                                                                                                                                                                                                                                     |
| E. | Specific forms identified below with an asterisk (*) may be obtained from a Multifamily Housing Representative in the Multifamily Production Branch, (206) 220-5212.                                                                                                                                                                                                                                                                                                                                   |                             |                                                                                                                                                                                                                                                                                                                                                                                     |
|    | <b>PS or<br/>ENC or<br/>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Date of<br/>Document</b> | <b>Exhibit</b>                                                                                                                                                                                                                                                                                                                                                                      |
| 1. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | Cover letter. Include the mortgagee's reason(s) for recommendation of the applicant (see Handbook 4470.1 Rev. 2, Par 2-2.D.3.). Also include the reason(s) for your request for application, i.e. refinance, purchase, etc.                                                                                                                                                         |
| 2. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | A completed Firm Exhibit Checklist. Please make an entry under the PS, ENC or N/A column for every exhibit line item. Date of Document must also be noted.                                                                                                                                                                                                                          |
| 3. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | A complete form HUD-92013-NH-ICF, Application for Multifamily Housing Project dated 5/92.                                                                                                                                                                                                                                                                                           |
| 4. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | A statement from the Mortgagee that they have prescreened the proposed application for completeness and verified the information presented in an application against information contained in the applicant's credit report(s) and financial statements per Handbook 4470.1 Rev-2, para. 2-2.B.                                                                                     |
| 5. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | (for nursing homes) form HUD-2576-HF-Certificate of Need for Health Facilities and Assurance of Enforcement of State Standards; for states without CoN's, a market needs/feasibility study must be submitted. (for Board & Care, Assisted Living facilities) a Section 1616(e) Certification is required.                                                                           |
| 6. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | The "Byrd Amendment" Certification for Contracts, Grants, Loans, and Cooperative Agreements,<br><br>or<br>SF-LLL and SF-LLL-A, Disclosure of Lobbying Activities per HUD Notice H 90-27, if applicant has engaged in lobbying activity<br><br>Please note that a Byrd Amendment Certification is not required and is substituted by a Super Certification under CFT 2.0 guidelines. |
| 7. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | Form HUD-2880 Applicant/Recipient Disclosure/Update Report per Notice H95-4 (HUD), issued 1/20/95.                                                                                                                                                                                                                                                                                  |
| 8. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | (if non-profit Sponsor) Consultant resume, Housing Consultant Certificate (form HUD-92531) and Contract (form HUD-92531A) (if applicable).                                                                                                                                                                                                                                          |
| 9. | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ___/___/___                 | Certificate of Occupancy or Final Inspection Report, if available, or statement from the jurisdiction with authority recognizing conforming use.                                                                                                                                                                                                                                    |

|     | PS or<br>ENC or<br>N/A | Date of<br>Document | Exhibit                                                                                                                                                                             |                                                                                                                                                                                                                                    |
|-----|------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. | _____                  | ___/___/___         | Residential care facility management experience for at least one member of the mortgagor group that clearly demonstrates:                                                           |                                                                                                                                                                                                                                    |
|     | _____                  | ___/___/___         | a.                                                                                                                                                                                  | Familiarity with proposed operation.                                                                                                                                                                                               |
|     | _____                  | ___/___/___         | b.                                                                                                                                                                                  | Ability to effectively maintain high occupancy rates.                                                                                                                                                                              |
|     | _____                  | ___/___/___         | c.                                                                                                                                                                                  | Familiarity with special needs and expectations of the target occupancy group.                                                                                                                                                     |
|     | _____                  | ___/___/___         | d.                                                                                                                                                                                  | Ability to handle complex services and expenses of residential care facilities.                                                                                                                                                    |
| 11. | _____                  | ___/___/___         | One set of as-built drawings, if available.                                                                                                                                         |                                                                                                                                                                                                                                    |
| 12. |                        |                     | Sponsor's:                                                                                                                                                                          |                                                                                                                                                                                                                                    |
|     | _____                  | ___/___/___         | a.                                                                                                                                                                                  | Repair list and any available drawings and specifications of the proposed repairs, replacements and improvements.                                                                                                                  |
|     | _____                  | ___/___/___         | b.                                                                                                                                                                                  | Preliminary schedule for completion of repairs after loan closing, if applicable; schedule of delayed/interrupted occupancy or income, if applicable.                                                                              |
| 13. | _____                  | ___/___/___         | Narrative program for design analysis (refer to HUD Handbook 4600.1 REV-1, paragraph 5-8, regarding applicable design standards for nursing homes and Intermediate Care Facilities. |                                                                                                                                                                                                                                    |
| 14. |                        |                     | Building Reports                                                                                                                                                                    |                                                                                                                                                                                                                                    |
|     | _____                  | ___/___/___         | a.                                                                                                                                                                                  | Municipal code violations report or clear report, and fire marshall's report/clear report, or municipal letter advising non-participation.                                                                                         |
|     | _____                  | ___/___/___         | b.                                                                                                                                                                                  | A seismic hazard analysis of the building(s) by a registered engineer familiar with lateral force design, where applicable code requirements at the time of construction did not equal or exceed the referenced seismic standards. |
| 15. | _____                  | ___/___/___         | Current licenses as required by the State and local jurisdiction and latest State residential care facility agency(s) report of project's operation.                                |                                                                                                                                                                                                                                    |
| 16. | _____                  | ___/___/___         | As-built Survey with sufficient information to identify all easements, encroachments, building restriction lines, and project improvements                                          |                                                                                                                                                                                                                                    |
| 17. | _____                  | ___/___/___         | A location map with the project clearly indicated.                                                                                                                                  |                                                                                                                                                                                                                                    |
| 18. | _____                  | ___/___/___         | The legal description of the property.                                                                                                                                              |                                                                                                                                                                                                                                    |

|      | PS or<br>ENC or<br>N/A | Date of<br>Document | Exhibit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                 |
|------|------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19.  |                        |                     | For purchase transactions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                 |
|      | _____                  | ___/___/___         | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Copy of the purchase agreement certified to be true and correct by the seller and purchaser disclosing: (a) all assets and liabilities to be transferred with the sale; (b) whether or not the seller will make the repairs; and, if so, (c) whether or not the cost of the required repairs is included in the purchase price. |
|      | _____                  | ___/___/___         | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A statement, certified to be true and correct by the seller, purchaser and previous lender, disclosing all identities of interest that exist or will exist between any and all parties involved in the proposal, including the previous and proposed lender(s).                                                                 |
| 20.  | _____                  | ___/___/___         | For refinancing transactions, a statement by the mortgagor listing all outstanding obligations (payoff balances, including prepayment penalties, if applicable) whether secured or unsecured. (The statement must contain the following language: "I hereby certify that the above constitutes all secured and unsecured obligations against this project," and must be signed by the mortgagor.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                 |
| 21.  | _____                  | ___/___/___         | <p>Monthly Resident Roster/Accommodation Charges disclosing the following information</p> <p>a. Patient room/accommodation number and type (e.g., room 204, single occupancy room or 1 BR). All patient rooms/accommodations must be listed, whether they are vacant or occupied</p> <p>b. Occupancy name. ("Vacant" is entered where there is not an occupant.)</p> <p>c. Bed/accommodation charge. The monthly charge being paid by the occupant and amount in arrears, if any, is to be shown. If the accommodation is occupied on a nonpaying basis, zero is entered.</p> <p>d. Date of first occupancy. (the date that the occupant first occupied the accommodation.)</p> <p>e. Remarks. (Indicate "U" to denote an unfurnished accommodation or "F" to denote a furnished accommodation.)</p> <p>f. The owner's signature and certification attesting that the resident roster is correct.</p> |                                                                                                                                                                                                                                                                                                                                 |
| 22.* | _____                  | ___/___/___         | Form HUD-9447 - Unit Vacancy and Resident Turnover Report for the last 2 years.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |

|                                                                                                          | PS or<br>ENC or<br>N/A | Date of<br>Document | Exhibit                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23.*                                                                                                     | _____                  | ___/___/___         | Form HUD-9448 - Resident Accounts Receivable and Delinquency Analysis Report. Include accounts receivable for the last 2 years and a delinquency analysis (aging of accounts receivable) for the most recent fiscal period.                                                                                                  |                                                                                                                                                                                        |
| Specific forms identified with an asterisk (*) may be obtained from a Multifamily Housing Representative |                        |                     |                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                        |
| 24.                                                                                                      | _____                  | ___/___/___         | Form HUD-2013-Supp, Supplement to Application for a Multifamily Housing Project dated 10/92, on the sponsor, mortgagor, each principal of the mortgagor, and (if applicable) the general contractor.                                                                                                                         |                                                                                                                                                                                        |
| 25.                                                                                                      | _____                  | ___/___/___         | Form HUD-92004-F, Request for Verification of Deposit, for each bank reference included on form HUD-92013-Supp.                                                                                                                                                                                                              |                                                                                                                                                                                        |
| 26.                                                                                                      | _____                  | ___/___/___         | Form HUD-2530, Previous Participation Certification dated 9/94, on all principal participants as identified on page one of Instructions for Completing the Previous Participation Certificate and is as follows:                                                                                                             |                                                                                                                                                                                        |
|                                                                                                          | _____                  | ___/___/___         | a.                                                                                                                                                                                                                                                                                                                           | Sponsors                                                                                                                                                                               |
|                                                                                                          | _____                  | ___/___/___         | b.                                                                                                                                                                                                                                                                                                                           | Mortgagor                                                                                                                                                                              |
|                                                                                                          | _____                  | ___/___/___         | c.                                                                                                                                                                                                                                                                                                                           | Principals of the mortgagor including all general partners, limited partners with at least 25 percent interest, stockholders with at least 10 percent interest, and corporate officers |
|                                                                                                          | _____                  | ___/___/___         | d.                                                                                                                                                                                                                                                                                                                           | General contractor (if applicable)                                                                                                                                                     |
|                                                                                                          | _____                  | ___/___/___         | e.                                                                                                                                                                                                                                                                                                                           | Management agent                                                                                                                                                                       |
|                                                                                                          | _____                  | ___/___/___         | f.                                                                                                                                                                                                                                                                                                                           | Loan broker/packager                                                                                                                                                                   |
|                                                                                                          | _____                  | ___/___/___         | g.                                                                                                                                                                                                                                                                                                                           | Housing consultant (for non-profit sponsors only)                                                                                                                                      |
|                                                                                                          | _____                  | ___/___/___         | h.                                                                                                                                                                                                                                                                                                                           | Architects and/or attorneys with other than an arms-length fee for professional services (if applicable)                                                                               |
|                                                                                                          | _____                  | ___/___/___         | i.                                                                                                                                                                                                                                                                                                                           | Affiliates which have the ability to control any principals (if applicable),                                                                                                           |
| 27.                                                                                                      | _____                  | ___/___/___         | Verification of Social Security Number and/or Employer Identification Number, by a third party governmental agency, for the sponsor, mortgagor, each principal of the mortgagor, and (if applicable) the general contractor.                                                                                                 |                                                                                                                                                                                        |
| 28.                                                                                                      | _____                  | ___/___/___         | A listing of outstanding delinquent Federal debt for the sponsor, mortgagor, each principal of the mortgagor, and (if applicable) the general contractor as outlined in Handbook 4470.1 REV-2, para. 2-2.C.                                                                                                                  |                                                                                                                                                                                        |
| 29.                                                                                                      | _____                  | ___/___/___         | A loan commitment letter from the mortgagee which states the following: permanent loan interest rate, financing fees, permanent placement fees, FNMA or GNMA fees, discounts, bond fees, and other applicable fees. If using public grant funds, a statement from the source as to the use and conditions tied to the funds. |                                                                                                                                                                                        |

|     | PS or<br>ENC or<br>N/A | Date of<br>Document | Exhibit                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |
|-----|------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 30. | _____                  | ___/___/___         | A listing from the sponsors, mortgagor, each principal of the mortgagor entity, and (if applicable) the general contractor of all business concerns in which these entities serve as a: General Partner; Limited Partner with at least 25 percent interest; stockholder with at least 10 percent interest; or Corporate Officer. |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |
| 31. |                        |                     | Current business and/or individual credit reports, within 30 days of the application date, on the following:                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |
|     | _____                  | ___/___/___         | a.                                                                                                                                                                                                                                                                                                                               | Sponsor                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |
|     | _____                  | ___/___/___         | b.                                                                                                                                                                                                                                                                                                                               | Mortgagor Entity                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |
|     | _____                  | ___/___/___         | c.                                                                                                                                                                                                                                                                                                                               | General Contractor (if applicable)                                                                                                                                                                                                                                                                                                                                           |                                                                                   |
|     | _____                  | ___/___/___         | d.                                                                                                                                                                                                                                                                                                                               | Housing Consultant (non-profit only)                                                                                                                                                                                                                                                                                                                                         |                                                                                   |
|     | _____                  | ___/___/___         | e.                                                                                                                                                                                                                                                                                                                               | Principals of the mortgagor including all general partners, limited partners with at least 25 percent interest, stockholders with at least 10 percent interest, and corporate officers                                                                                                                                                                                       |                                                                                   |
|     | _____                  | ___/___/___         | f.                                                                                                                                                                                                                                                                                                                               | Each business concern in which the sponsor, mortgagor, each principal of the mortgagor, or (if applicable) the general contractor have principal ownership (as defined by e. above)                                                                                                                                                                                          |                                                                                   |
|     | _____                  | ___/___/___         | g.                                                                                                                                                                                                                                                                                                                               | credit reports are required on all of the following:                                                                                                                                                                                                                                                                                                                         |                                                                                   |
|     | _____                  | ___/___/___         |                                                                                                                                                                                                                                                                                                                                  | (1)                                                                                                                                                                                                                                                                                                                                                                          | all commercial and non-real estate business;                                      |
|     | _____                  | ___/___/___         |                                                                                                                                                                                                                                                                                                                                  | (2)                                                                                                                                                                                                                                                                                                                                                                          | all non-HUD insured residential real estate businesses under construction; and    |
|     | _____                  | ___/___/___         |                                                                                                                                                                                                                                                                                                                                  | (3)                                                                                                                                                                                                                                                                                                                                                                          | all businesses involving a pending judgment(s), legal action, or bankruptcy claim |
|     | _____                  | ___/___/___         | h.                                                                                                                                                                                                                                                                                                                               | credit reports are required on a 10 percent statistical sampling selected by the mortgagee of any remaining non-HUD insured residential housing ventures.                                                                                                                                                                                                                    |                                                                                   |
|     | _____                  | ___/___/___         | i.                                                                                                                                                                                                                                                                                                                               | <p>Prescreening by the Mortgagee per Handbook 4470.1 REV-2, para 2-2.C.:</p> <p>The Mortgagee must determine if discrepancies exist between the information included on the financial statement and in the credit report.</p> <p>The Mortgagee must determine if there are any adverse information, i.e. slow payments, judgments, etc., contained on the credit report.</p> |                                                                                   |

|     | PS or<br>ENC or<br>N/A | Date of<br>Document | Exhibit                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                |
|-----|------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | _____                  | ___/___/___         | j.                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Individual credit reports need to show payment history of each account to comply with HUD requirements per Handbook 4470.1 Rev.-2, Paragraph 2-5.E.5.                                                                                                          |
| 32. | _____                  | ___/___/___         | A certification as shown in HUD Handbook 4470.1 Rev-2, from the sponsor, mortgagor, each principal, and (if applicable) the general contractor authorizing the release of banking and credit information.                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                |
| 33. | _____                  | ___/___/___         | A statement as to whether an identity of interest exists, or will exist between the mortgagor, general contractor, and/or architect (if applicable).                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |
| 34. | _____                  | ___/___/___         | A current resume of the sponsor, principals of the mortgagor, and (if applicable) the general contractor to include real estate and construction experience.                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                |
| 35. | _____                  | ___/___/___         | Current (within three months of the application date) financial statements (balance sheet, statement of income and expenses, cash flow statement, and supporting schedules) from the existing facility, sponsor, principals of the mortgagor, and the general contractor. Principals' financial statements are NOT REQUIRED when the mortgagor entity is fully funded to meet 100% cash requirements for closing under the CFT 2.0 processing guidelines. |                                                                                                                                                                                                                                                                |
|     | _____                  | ___/___/___         | a.                                                                                                                                                                                                                                                                                                                                                                                                                                                        | For individuals, Personal Financial and Credit Report, form HUD-92417, signed by both spouses can be substituted for the financial statements, or                                                                                                              |
|     | _____                  | ___/___/___         | b.                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Use a substitute form with the mortgagor's certification of truth and accuracy, and the U.S. Criminal Code Section 1010 statements as defined in HUD Handbook 4470.1 Rev-2. The substitute form must have at a minimum the information contained in HUD 92417. |
|     | _____                  | ___/___/___         | c.                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Business entities must provide financial statements and supporting documentation for the last three years (or length of existence whichever is less). Note: the most recent financial statements must be within three months of the application date.          |
|     | _____                  | ___/___/___         | d.                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The three years of the project's operating statements must also include Statement of Changes in Financial Position or, if a fund accounting system is used, a Statement of Changes in Fund Balance as required by Handbooks 4565.1 and 4470.1 Rev.-2.          |

|     | PS or<br>ENC or<br>N/A | Date of<br>Document | Exhibit                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----|------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | _____                  | ___/___/___         |                                                                                                                                                                                                                                                              | (1) The financial statements must be signed and dated by an authorized official of the company, have the mortgagor's certification of truth and accuracy, and the U.S. Criminal Code Section 1010 statements as defined in HUD Handbook 4470.1 REV-2. The latest year's statement must be audited by an IPA or CPA having no identity of interest with the mortgagor or management agent (i.e., no business or other relationship except for performance of the audit, systems work, and/or tax preparation.) If the latest audit is more than 3 months old, it must be supplemented by an owner-certified year-to-date balance sheet and operating statement. |
|     | _____                  | ___/___/___         |                                                                                                                                                                                                                                                              | (2) If three years of project financial statements are not available due to circumstances beyond the borrower's control, provide an explanation why the financial statements are not obtainable.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 36. | _____                  | ___/___/___         | A statement reflecting the balance of all existing escrow accounts, including the replacement reserve fund, if any.                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 37. | _____                  | ___/___/___         | A certification by the mortgagor listing all outstanding obligations of the project whether secured or unsecured.                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 38. | _____                  | ___/___/___         | The purchase and sale agreement, if applicable.                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 39. | _____                  | ___/___/___         | A title search report which discloses all liens, secured transactions, former owners, and dates of transfer of ownership for a 3-year period prior to the submission of the application.                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 40. | _____                  | ___/___/___         | The proposed documents (e.g. partnership agreement or articles of incorporation) creating the single-asset mortgagor entity.                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 41. | _____                  | ___/___/___         | All proposed leases or any other documents reflecting arrangements that would impact the project (e.g. commercial space, easements).                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 42. | _____                  | ___/___/___         | Form HUD-92010, Equal Employment Opportunity Certification. Please note that HUD-92010 is not required and is substituted by a Super Certification under CFT 2.0 guidelines.                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 43. | _____                  | ___/___/___         | "Fair Housing Marketing Certification", per HUD Handbook 4565.1, as updated by Northwest/Alaska Multifamily Hub. Please note that Fair Housing Marketing Certification is not required and is substituted by a Super Certification under CFT 2.0 guidelines. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 44. | _____                  | ___/___/___         | Form FHA-3433, Determination of Eligibility as a Nonprofit Sponsor (if applicable).                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 45. | _____                  | ___/___/___         | Management Exhibits, per HUD Handbook 4381.1 REV-1:                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|     | _____                  | ___/___/___         | a.                                                                                                                                                                                                                                                           | Form HUD-9839(a), Management Certification for Owner-Managed Projects, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



|     | PS or<br>ENC or<br>N/A | Date of<br>Document | Exhibit                                 |                                                                                                                                                                                                                                                                                                               |
|-----|------------------------|---------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | _____                  | ___/___/___         | b.                                      | Form HUD-9839(b) dated 8/91, Management Certification for Projects with Identity of Interest or Independent Management Agent, or                                                                                                                                                                              |
|     | _____                  | ___/___/___         | c.                                      | Form HUD-9839(c), Management Certification for Elderly Projects Managed by Project Administrators.                                                                                                                                                                                                            |
|     | _____                  | ___/___/___         | d.                                      | Form HUD-9832, Management Entity Profile                                                                                                                                                                                                                                                                      |
|     | _____                  | ___/___/___         | e.                                      | List of positions charged against the project. Also provide details of the compensation for all personnel (management, maintenance, etc.) to be paid directly by the project. Indicate if compensation includes rent-free units.                                                                              |
|     | _____                  | ___/___/___         | f.                                      | Application processing, tenant selection, and unit assignment policies and procedures.                                                                                                                                                                                                                        |
|     | _____                  | ___/___/___         | g.                                      | Proposed operating budget which shows :<br><br>(1) Projected income and expenses for the operation of the facility.<br><br>(2) Projected supplementary budget for the period from the date of initial occupancy through sustaining occupancy.                                                                 |
|     | _____                  | ___/___/___         | h.                                      | A brief description of the management program addressing the relationship between the owner and the management agent/operator (including any delegations of authority) and revenue collection and maintenance procedures. Operating handbooks may be submitted provided all of the above items are addressed. |
|     | _____                  | ___/___/___         | i.                                      | A copy of the proposed management agreement and management fee. A copy of any existing management agreement must also be submitted.                                                                                                                                                                           |
|     | _____                  | ___/___/___         | j.                                      | Management Certification.                                                                                                                                                                                                                                                                                     |
| 46. | _____                  | ___/___/___         | Low Income Housing Tax Credits (LIHTC): |                                                                                                                                                                                                                                                                                                               |
|     | _____                  | ___/___/___         | a.                                      | Form HUD-2880, completed in its entirety, per Notice H95-4 (HUD) issued 1/20/95.                                                                                                                                                                                                                              |
|     | _____                  | ___/___/___         | b.                                      | Acknowledgment/Release: Sponsor Authorization, Acknowledgment, Consent and Release Regarding Multiple Assistance Requests for a Multifamily Project per Notice H95-4 (HUD) issued 1/20/95, see Addendum 9.                                                                                                    |
|     | _____                  | ___/___/___         | c.                                      | A copy of the executed LIHTC Reservation.                                                                                                                                                                                                                                                                     |
|     | _____                  | ___/___/___         | d.                                      | A copy of the Washington State Housing Finance Commission's Qualified Allocation Plan.                                                                                                                                                                                                                        |

|     | <b>PS or<br/>ENC or<br/>N/A</b> | <b>Date of<br/>Document</b> | <b>Exhibit</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |
|-----|---------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | _____                           | ___/___/___                 | e.                                                                                                                                                                                                                                                                                                                                                                                                                                       | Syndicators' Letters of Intent describing how much equity could be raised assuming certain mortgage (debt) and LIHTC (equity) Sources available to meet project costs. |
|     | _____                           | ___/___/___                 | f.                                                                                                                                                                                                                                                                                                                                                                                                                                       | Required Format-Section 223(f) Sources and Uses Statement per Notice H95-4 (HUD) issued 1/20/95, see Addendum 4.                                                       |
| 47. | _____                           | ___/___/___                 | Evidence of Real Estate Tax Abatement or Exemption (if applicable).                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                        |
| 48. | _____                           | ___/___/___                 | A relocation plan if current occupants are to be displaced (if applicable).                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                        |
| 49. | _____                           | ___/___/___                 | For nursing homes, evidence from the State Medicaid payment agency approving the refinance, along with supportive documents or regulations that specify the fees that are covered under their capital reimbursement system.                                                                                                                                                                                                              |                                                                                                                                                                        |
| 50. | _____                           | ___/___/___                 | Board & Care facilities that have contact with local and State agencies must submit letters of understanding regarding the subsidized amount (if any) provided, e.g., Offices of Aging, (Older Americans Act), departments of social services.                                                                                                                                                                                           |                                                                                                                                                                        |
| 51. | _____                           | ___/___/___                 | Latest state medical/personal care facility agency(s) report on the project's operation                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                        |
| 52. | _____                           | ___/___/___                 | Reimbursement rate, breakdown of how calculated, and percentage of patient population for each patient type <ul style="list-style-type: none"> <li>a. Private patients with : <ul style="list-style-type: none"> <li>(1) No insurance coverage or</li> <li>(2) Private insurance coverage</li> </ul> </li> <li>b. Medicare patients</li> <li>c. Medicaid patients and</li> <li>d. Supplemental Social Security (SSI) patients</li> </ul> |                                                                                                                                                                        |
| 53. | _____                           | ___/___/___                 | Copies of all Medicare and Medicaid audits (at least last 2 years) with: <ul style="list-style-type: none"> <li>a. Outstanding findings and/or</li> <li>b. Repayment schedule for over-reimbursement in previous years</li> </ul>                                                                                                                                                                                                        |                                                                                                                                                                        |
| 54. | _____                           | ___/___/___                 | Statement reflecting all debt service requirements of the project.                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                        |

|     | <b>PS or<br/>ENC or<br/>N/A</b> | <b>Date of<br/>Document</b> | <b>Exhibit</b>                                                                                                                                               |                                                                                                                                                                                                                                                                |
|-----|---------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 55. | _____                           | ___/___/___                 | Provider Agreement with reimbursement agency (Medicaid).                                                                                                     |                                                                                                                                                                                                                                                                |
| 56. | _____                           | ___/___/___                 | Copy of business plan.                                                                                                                                       |                                                                                                                                                                                                                                                                |
| 57. | _____                           | ___/___/___                 | The following are optional exhibits. If available, please provide the following (or any other items) that will help expedite our Firm Commitment processing. |                                                                                                                                                                                                                                                                |
|     | _____                           | ___/___/___                 | a.                                                                                                                                                           | Evidence to support marketability of the proposal.                                                                                                                                                                                                             |
|     | _____                           | ___/___/___                 | b.                                                                                                                                                           | An assessor's map with parcel numbers.                                                                                                                                                                                                                         |
|     | _____                           | ___/___/___                 | c.                                                                                                                                                           | A recent tax statement from the assessor's office.                                                                                                                                                                                                             |
|     | _____                           | ___/___/___                 | d.                                                                                                                                                           | A zoning map of the immediate neighborhood.                                                                                                                                                                                                                    |
|     | _____                           | ___/___/___                 | e.                                                                                                                                                           | Information/documentation on wetlands, flood hazards, or other special property features.                                                                                                                                                                      |
|     | _____                           | ___/___/___                 | f.                                                                                                                                                           | A comprehensive building inspection report on the condition of the structures, remaining useful life, and costs or repairs and/or replacements needed immediately.                                                                                             |
|     | _____                           | ___/___/___                 | g.                                                                                                                                                           | Photographs of the property and immediate area.                                                                                                                                                                                                                |
|     | _____                           | ___/___/___                 | h.                                                                                                                                                           | A topographical map.                                                                                                                                                                                                                                           |
|     | _____                           | ___/___/___                 | i.                                                                                                                                                           | A typical unit plan.                                                                                                                                                                                                                                           |
|     | _____                           | ___/___/___                 | j.                                                                                                                                                           | A report by a mechanical engineer on the condition of the structures, remaining useful life, and costs of repairs and/or replacements needed immediately.                                                                                                      |
| 58. | _____                           | ___/___/___                 | The following additional exhibits are required if NW/A Consolidated Fast Track 2.0 has been authorized by HUD:                                               |                                                                                                                                                                                                                                                                |
|     | _____                           | ___/___/___                 | a.                                                                                                                                                           | Lender-provided comprehensive building Inspection Report on the condition of the structures, remaining useful life and cost of repairs and/or replacement together with all attachments in accordance with the NW/A CFT 2.0 Architect Statement of Work (SOW). |
|     | _____                           | ___/___/___                 | b.                                                                                                                                                           | Contract for Services between the Inspector and the Lender signed by both the Inspector and the Lender.                                                                                                                                                        |
|     | _____                           | ___/___/___                 | c.                                                                                                                                                           | Lender provided full appraisal prepared by a state certified appraiser in accordance with HUD's specification. The appraisal must be no more than 60 days old.                                                                                                 |
|     | _____                           | ___/___/___                 | d.                                                                                                                                                           | Contract for Services between the Appraiser and the Lender including the NW/A CFT 2.0 Appraiser Statement of Work/checklist (SOW) signed by the appraiser, lender and underwriter.                                                                             |
|     | _____                           | ___/___/___                 | e.                                                                                                                                                           | Appraiser Statement of Work/Checklist, incl. Debt Service Mortgage Criterion Worksheet completed and signed by the Underwriter.                                                                                                                                |

|  | <b>PS or<br/>ENC or<br/>N/A</b> | <b>Date of<br/>Document</b> | <b>Exhibit</b> |                                                                                                                                                                                                                                                          |
|--|---------------------------------|-----------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  |                                 |                             | f.             | Lender's Environmental Checklist for new construction and substantial rehabilitation projects and Phase I Environmental Analysis that conforms to ASTM standards. All environmental issues must be resolved prior to submission of the firm application. |
|  | _____                           | ___/___/___                 | g.             | Fully Funded Mortgagor Entity. Provide a financial statement and VOD(s) showing cash or equivalents equal to 100 percent of lender's estimate of cash requirements.                                                                                      |
|  | _____                           | ___/___/___                 | h.             | Mortgagee's Certification that they have completed the Credit Reports and Financial Statement Analysis checklist and verified the information therein.                                                                                                   |
|  | _____                           | ___/___/___                 | i.             | Required Certifications (or Super Certifications) completed by the Mortgagee and the Mortgagor and signed                                                                                                                                                |
|  | _____                           | ___/___/___                 | j.             | HUD-92264 Project Analysis and Appraisal, with Appraiser/Underwriter Certification.                                                                                                                                                                      |
|  | _____                           | ___/___/___                 | k.             | HUD-92264A Supplement to Project Analysis.                                                                                                                                                                                                               |
|  | _____                           | ___/___/___                 | l.             | HUD-92438 Underwriting Summary Report and a Underwriting Memorandum.                                                                                                                                                                                     |
|  | _____                           | ___/___/___                 | m.             | FHA 2453 Commitment to Insure Upon Completion (unexecuted).                                                                                                                                                                                              |

It is the policy of the U.S. Department of Housing and Urban Development to encourage the participation of Women and Minority- owned Business Enterprises (W/MBEs) wherever possible in the Departments programs. As a recipient of the FHA-insured loan, the owner, sponsor, and (if applicable) the general contractor must provide evidence prior to final endorsement that W/MBEs were given an opportunity to bid on, and participate in, at least 20 percent of the dollar value of all contracts awarded.

NOTE: HUD Forms, Handbooks, Notices and similar publications may be obtained by contacting (telephone) 800-767-7468, (facsimile) 202-708-2313 or (writing) HUD-Printing Branch, 451 - 7th Street SW, Room B-100, Washington DC 20410.

If there are questions about exhibit requirements,  
please contact the Northwest/Alaska Multifamily Hub Office nearest you

\_\_\_\_\_  
Multifamily Project Manager

\_\_\_\_\_  
Date